Instructions: See other side of this form.

PUBLIC EMPLOYMENT RELATIONS COMMISSION Street: 603 EVERGREEN PLAZA BUILDING - 711 CAPITOL WAY Mail: P.O. BOX 40919 OLYMPIA, WASHINGTON 98504-0919 (360) 753-3444

[] Amended Petition in Case ____-L-___

f this form. Applicable Rules: Chapters 10-08, 391-08 and 391-25 WAC.

RECEIVED OLYMPIA, WA

DEC - 7 2004

PUBLIC EMPLOYMENT RELATIONS COMMISSION

The petitioner claims that a question concerning representation exists involving certain employees of the employer named below.			6. BARGAINING UNIT	
1. EMPLOYER	Puget Sound Energy		a. EMPLOYER'S PRINCIPAL BUSINESS	
CONTACT PERSON ADDRESS CITY/STATE TELEPHONE	Barbara Revo, Director Labo POB 90868 PSE 10-N Bellevue, WA (425) 462-3755 EXT.		Electrical Utility b. DEPARTMENT OR DIVISION INVOLVED Electrical Utility c. DESCRIPTION OF BARGAINING UNIT Indicate inclusions/ exclusions, contract page or case/decision number:	
ATTORNEYor REPRESENTATIVE ADDRESS CITY/STATE TELEPHONE	() EXT.	ZIP	Fisheries Biologists	
2. PETITIONER	IBEW Local Union 77	·		
CONTACT PERSON ADDRESS CITY/STATE TELEPHONE	CHARLES O. SMITH, Busing 321 16th Ave S Seattle, WA (206) 323-4505. EXT.	ZIP 98144		
ATTORNEY or REPRESENTATIVE		••	d. NUMBER OF EMPLOYEES IN BARGAINING UNIT	
ADDRESS			7. DESIGNATION OF REQUEST indicate:	
CITY/STATE TELEPHONE	EXT	ZIP FAX ()	RECOGNITION REQUEST. The petitioner claims to represent a majority of the employees involved, and requests certification as exclusive bargaining representative of the bargaining unit.	
3. INCUMBENT BARGAINING REPRESENTATIVE indicate: The employees involved are not currently represented for bargaining; or The employees involved are currently represented by:			[] CHANGE OF REPRESENTATIVE. The employees in the bargaining unit desire to change their designation of exclusive bargaining representative, and to designate the petitioner as their exclusive bargaining representative.	
ORGANIZATION			[-] DECERTIFICATION. The employees in the bargaining unit no longer desire to be represented by any employee organization.	
CONTACT PERSON ADDRESS CITY/STATE		ZIP	[] EMPLOYER PETITION - DEMAND FOR RECOGNITION. The employer has been presented with one or more demands for recognition (per attached documentation), and requests a determination by the Commission.	
TELEPHONE ATTORNEY or REPRESENTATIVE	()EXT.		[] EMPLOYER PETITION - INCUMBENCY QUESTIONED. The employer has a good faith belief (per attached documentation) that a majority of employees no longer desire representation by the incumbent exclusive bargaining representative.	
ADDRESS CITY/STATE			8. OTHER RELEVANT FACTS Indicate, if applicable:	
TELEPHONE	() EXT	FAX ()	[] Additional information is set forth on separate sheets attached to this petition form.	
4. COLLECTIVE BARGAINING AGREEMENT Indicate:			9. AUTHORIZED SIGNATURE FOR PETITIONER	
☐There has never been an agreement covering the employees involved; or [] A copy of the current (or most recent) agreement is attached.			NAME (PRINT) Charles O. Smith	
5. SHOWING OF INTEREST A petition filed by an organization or employees			SIGNATURE LACTOR DATE 12/06/04	